

2016 City of Diamond Bar Volunteer Emergency Information

<hr/> Volunteer's Last Name	<hr/> Volunteers's First Name	<hr/> Volunteer's Birth Date/Age
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<hr/> Street	<hr/> City	<hr/> () Home Phone #
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<hr/> Mother's Name	<hr/> () Mother's Home Phone #
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<hr/> Mother's Employer	<hr/> () Mother's Work Phone #
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<hr/> Father's Name	<hr/> () Father's Home Phone #
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<hr/> Father's Employer	<hr/> () Father's Work Phone #
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Cell phone that can be used to reach a parent: () _____

Please list all adults allowed to pick-up your child: _____

Insurance Company Name: _____ Policy #: _____

Physician's Name: _____ Phone : () _____

List any medical history, allergies, specific needs/conditions of which we should be aware:

In case of an emergency, we will make every effort to contact the Volunteer's parents.
However, please list two nearby adults in the event that we are unable to reach the parents.

Name _____	Name _____
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Phone _____	Phone _____
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Relation _____	Relation _____
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In the event my child _____ becomes ill or sustains an injury while participating in the Volunteer program, and it is not possible to reach the doctor named in the Emergency Information (listed above), or to receive any instructions for his /her care, consent is given to any licensed physician and /or surgeon called upon, to whom my child is taken, for treatment by them, or to administer drugs or medications, and perform such surgical procedures as he shall think the emergency requires for the relief of pain and to preserve his/her life and health. I will be responsible for all expenses incurred by such an illness or injury.

TRANSPORTATION: Transportation to and from volunteer site:

☐ Walk ☐ Bicycle ☐ Family Member (car) ☐ Bus ☐ Other: _____

My child _____ ☐ has ☐ does not have permission to walk to and from home and/or during shifts.

Parent or Guardian Signature

Date